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## Name Change Form

## Out-of-State Attorney Registered In-House Counsel Program Out-of-State Registered Legal Services Attorney Program

In order to change an official name, your request must be accompanied by copies of four (4) identity documents: Two (2) identity documents showing the requestor's old name and two (2) identity documents showing the requestor's new name. Examples of acceptable identity documents include photocopies of a bar card, driver's license, passport, or marriage certificate. A marriage certificate may serve as an identity document for both the old and new names.

Registratio	n Number:	
Old Last Name:		Old First Name:
Old Middle Name:		Second Middle Name:
Old Identity Document #1:		Old Identity Document #2
Signature ι	under old name:	
Please CLI	EARLY PRINT your new name:	
New Last Name:		New First Name:
New Middle Name:		Second Middle Name:
■ New Identity Document #1:		■ New Identity Document #2
Signature u	under new name:	
Please pro		we can contact you if there are questions regarding this name
Phone Number:		E-mail:
	LE groups are determined by member nge your MCLE reporting date.	s last name upon admittance to the bar. A name change will
FAX TO:	(213) 765-1544	FOR OFFICIAL USE ONLY
	The State Bar of California Office of Admissions MJP Program 1149 South Hill Street Los Angeles, CA 90015-2299	DL: